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## BIB DATA SHEET

CONFIRMATION NO. 5063

<b>SERIAL NUMBER</b> 10/743,557	<b>FILING or 371(c) DATE</b> 12/22/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 0103343.00128US1	
<b>APPLICANTS</b> Khalid K. Sadozai, Shrewsbury, MA; Tamera B. Gooding, Jamaica Plain, MA; Kyle Bui, North Andover, MA; Charles H. Sherwood, Sudbury, MA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/01/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /COURTNEY A BROWN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> WILMERHALE/BOSTON 60 STATE STREET BOSTON, MA 02109 UNITED STATES					
<b>TITLE</b> Crosslinked hyaluronic acid compositions for tissue augmentation					
<b>FILING FEE RECEIVED</b> 1748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		